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| ACTIVITY SECURITY CHECKLIST | DIVISION/BRANCH/OFFICE OCSD/OPERATIONS CENTER | ROOM NUMBER 6832 | MONTH AND YEAR May 2000 |
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Irregularities discovered will be promptly reported to the designated Security Office for corrective action.

Statement

I have conducted a security inspection of this work area and checked all the items listed below.

| <i>TO (If required)</i> | <i>FROM (If required)</i> | | | | | | | | | | | | | | | | <i>THROUGH (If required)</i> | | | | | | | | | | | | | | |
|--|---------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| ITEM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 1. Security containers have been locked and checked. | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Desks, wastebaskets and other surfaces and receptacles are free of classified material. | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Windows and doors have been locked (where appropriate) | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Typewriter ribbons and ADP devices (e.g., disks, tapes) containing classified material have been removed and properly stored. | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Security alarm(s) and equipment have been activated (where appropriate). | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TURN OFF COMPUTERS | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TURN OFF COPIER | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TURN OFF COFFEE POT | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TURN OFF LIGHTS | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TURN OFF TV | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INITIAL FOR DAILY REPORT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |